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## \*BIBDATASHEET\*

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Bib Data Sheet

<b>SERIAL NUMBER</b> 10/611,824	<b>FILING OR 371(c) DATE</b> 06/30/2003 <b>RULE</b>	<b>CLASS</b> 422	<b>GROUP ART UNIT</b> 1723	<b>ATTORNEY DOCKET NO.</b> LIFE-096CON4
<b>APPLICANTS</b> John J. Allen, Mendota Heights, MN; ✓ Joel R. Racchini, Edina, MN;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/001,776 10/18/2001 PAT 6,663,835 which is a CON of 09/513,013 02/25/2000 PAT 6,375,626 ✓ which is a CIP of 09/267,179 03/12/1999 PAT 6,368,563				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/25/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 8
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 33072				
<b>TITLE</b> COLLECTION WELL FOR BODY FLUID TESTER				
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	